

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10846</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Frank</u> <u>Rossetti Jr</u> P O Box Bldg Room No if any Street <u>56 Kristin Road</u> City <u>Plymouth</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02360</u>	4 Name, file number, and address of labor organization Name <u>Laborers AFL CIO Lu 721</u> Labor Organization File Number <u>026 776</u> P O Box Building and Room Number if any Street <u>324 North Bedford Street</u> City <u>East Bridgewater</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02333</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount \$0

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)

Signed

Frank Rossetti

On

8-9-05

Date

508-378-0122

Telephone Number

File Number U

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name <u>New England Laborers' Training Trust Fund</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>Rt 97 &amp; Murclock Rd</u> City <u>Pomfret Center</u> State <u>Connecticut</u> ZIP Code + 4 <u>06259</u>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	<b>11 a Nature of such dealing</b> <u>Provide training for members</u> <b>11 b Approximate dollar value of such dealing</b> <u>\$0</u> <b>12 a Nature of interest held or income received</b> <u>Income earned as an instructor for training fund</u> <b>12 b Amount</b> <u>\$5 250</u>

<b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a Name and address of Employer or Labor Relations Consultant</b> (including trade name if any)	<b>14 a Nature of payment</b>
Name <input style="width: 90%;" type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Trade Name if any <input style="width: 90%;" type="text"/>	
P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text"/>	
City <input style="width: 90%;" type="text"/>	
State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14 b Amount of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">\$0</div>	